SATURDAY, MARCH 27, 1875.

ORIGINAL COMMUNICATIONS.

METHODS OF PHYSICAL INVESTIGATION IN DERMATOLOGY.

BY HENRY G. PIFFARD, M.D.,
Clinical Professor of Dermatology, University of New York; Surgeon to Charity Hospital, etc.

IN the investigation of cutaneous phenomena we are able to avail ourselves of the assistance afforded by three of the special senses,—those of sight, smell, and touch,—supplemented and sometimes rendered more precise by various instrumental aids.

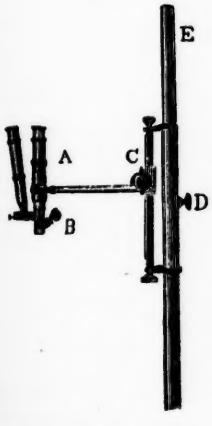
Our unaided eyes enable us to judge of the color, form, and distribution of the various lesions or objective manifestations of disease; while with the aid of a lens we are able to observe fine surface-markings, to define more accurately the form of minute lesions, and more easily to detect certain parasites.

Heretofore the single lens or simple microscope has been the main reliance for this purpose. This instrument, though convenient, is limited in its application to cases in which only a slight degree of amplification is desired.

The difficulties which surround the attempt to study the cutaneous surface with simple lenses of high power are mainly the following: The shorter the focus of the lens, the nearer it must approach the object; the illumination is diminished; the field of view is contracted, and the spherical aberration becomes so evident as materially to jeopardize the accuracy of the observation. In addition, the shorter the focus, the nearer must the eye of the observer be approached. This often involves a constrained position of the head and neck, and, in some cases, an unpleasant proximity to the subject under investigation.

To obviate these inconveniences, and at the same time to obtain a comparatively high amplifying power, I was led to adapt the compound microscope to the purpose in view. The arrangement of the instrument* which I employ will be readily understood from the accompanying cut.

FIG. 1.



A represents the body of a binocular microscope made by Nachet, from which the reflecting prism situated above the objective was removed, and another of the same form but double the size substituted. B is a double nose-piece carrying two objectives of different powers. C is the pinion for fine adjustment, and D the clamping screw for coarse adjustment. E is a rod five feet in length, which supports the other apparatus, and is itself supported by a cast-iron foot not shown in the drawing. Other adjustments permit the body of the microscope to be placed in a horizontal or any other desired position.

The objectives which I employ are a 6", 2", and 1", of Grunow, a 4" and ½" of Ross. The ½" is made with taper front, specially constructed for use with reflected light.

The advantages of this arrangement over the single lens are enlargement of the field of view, absence of spherical and chromatic aberrations, convenient distance of the observer's eye from the object observed, ten times the amplification practically attainable with the simple microscope, and, lastly, the very great advantage of true stereoscopic vision.

With the instrument described, any portion of the integument from the scalp to the sole of the feet can be conveniently examined, and a prolonged examination can be made without fatigue to the observer.

It is an instrument which I cannot too highly recommend to those desiring a thorough knowledge of the surface-aspect of the skin and its lesions.

Pursuing our investigations deeper, we have the ordinary methods of the laboratory at our command. These, as applied to dermatology, consist in removing small pieces of skin from the living or dead subject, hardening them in some preservative solution, and finally cutting them in thin slices, or sections as they are called.† These thin sections are then examined with the ordinary compound microscope.

This field of investigation has been specially worked by the German dermatologists, and it is to them that we owe most of our knowledge concerning the minute anatomy of skin-lesions. Americans, however, have contributed something to this branch, as the researches of Derby, Geddings, Haight, Warren, Young, and others testify. It is but just to add, however, that the investigations of these gentlemen were mainly conducted at Vienna, and under the mantle of the German school. The French and English have done little in this department, except in connection with the parasitic affections. The anatomy of the normal skin, however, has been best studied by the French, the names of Breschet and Sappey being specially memorable.

It is sometimes desirable to obtain thin sections of morbid skin for microscopical examination in a perfectly fresh condition and unaltered by reagents. This may be accomplished by means of a little instrument called the cutisector, which I devised some years ago,‡ but have since improved, giving it the form shown in the cut (Fig. 2).

It consists of two sharp, parallel, semilunar blades, which, by means of a screw, can be adjusted at a definite distance from each other. If, with the

*A notice of the instrument has been previously published in the Archives of Dermatology, vol. i. No. 2.

†For full details of these procedures the reader is referred to the standard text-books of histology and microscopical manipulation.

‡Am. Jour. of Syph. and Derm., July, 1870.

instrument held as a pen, a cut be made through the skin, there will result two incisions, including between them a thin slice of integument. This is afterwards removed (though it sometimes comes out with the instrument), and may be immediately examined under the microscope, a drop or two of some indifferent fluid being added. The operation may be facilitated and rendered painless by previously congealing the part with ether spray.

FIG. 2.

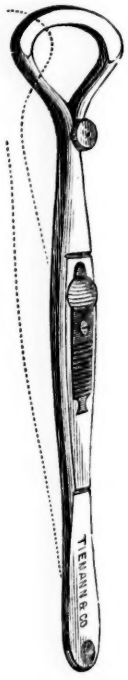


FIG. 3.

The sense of smell sometimes affords us information in connection with certain affections, *e.g.*, smallpox, favus, bromidrosis, etc. Its applications in dermatology, however, are as yet quite limited.

The sense of touch, on the other hand, renders us extremely valuable services. By it, in the first place, we are enabled to judge to a certain extent of the temperature of any portion of the skin. This point, however, can be investigated more accurately by means of Seguin's surface-thermometer (Fig. 3).

With this instrument the temperature of a skin-lesion of very limited extent may be readily ascertained, and comparisons with corresponding healthy points effected.

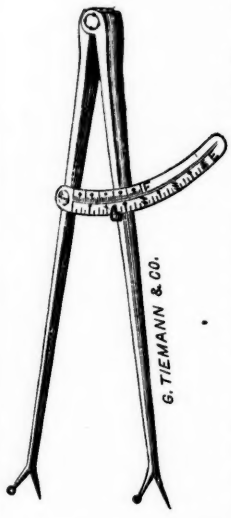
The sense of touch further enables us to judge of the comparative roughness and smoothness of different portions of the integument, and also of varying degrees of dryness or moisture.

Until recently the *tactus eruditus* was to the gynæcologist the all-important aid to the physical diagnosis of uterine disease, and even now affords him information not otherwise attainable. In like manner the "educated touch" can be made to render the greatest services to the dermatologist, and I never omit the opportunity of impressing upon students the desirability of using not only their eyes but also their fingers in the study of the affections of the skin. If the mind be concentrated upon the finger-tips, with the eyes closed, and careful palpation of skin-lesions be practised, it is surprising how soon the sense of touch becomes educated to a point which enables it to furnish valuable information, occasionally detecting lesions or peculiarities that would otherwise have escaped notice.

Having practised this method to a considerable extent, I feel confident that it will amply reward all who take the trouble to cultivate it.

A very useful instrumental aid in the study of certain cutaneous phenomena is the æsthesiometer. I prefer the form here shown (Fig. 4). It is an improvement by Carroll upon Hammond's earlier instrument.

FIG. 4.



With this instrument the sharp points are used in the determination of the sensibility to pain, while the blunt ones serve for the detection of the acuteness of the tactile sense.

This instrument may also be conveniently employed for the measurement of the extent of patches of eruption, the divided scale being graduated in both inches and centimetres.

Dermatologists have not as yet availed themselves of some of the aids to investigation above noticed to anything like the extent which their importance warrants, trusting in most instances to their unaided senses; but for the future it should be remembered that those who depend upon good eyes alone, even with good brains behind them, will often fail to obtain valuable information which the less gifted observer, aided with instruments of precision, will readily acquire.

CLINICAL NOTES ON FORTY CASES OF CHOREA.

BY CHARLES K. MILLS, M.D.,

Philadelphia.

Chief of Dispensary for Nervous Diseases, University Hospital.

FOR sixteen of the cases included in the following table and appended notes, I am indebted to H. C. Wood, Jr., M.D., Clinical Professor of Nervous Diseases in the University of Pennsylvania. The rest have fallen under my own immediate care in private and hospital practice. I have resorted to the tabular method for the sake of convenience, and in order to give the most facts in the least space. Readers of the *Medical Times* will recall a brief but valuable "Report on Thirty Cases of Chorea," by Dr. George S. Gerhard, in the issue of the journal for January 3, 1874.

NO.	SEX.	AGE.	SEASON.	VARIETY.	APPARENT CAUSE.	HEREDITARY INFLUENCE.	TREATMENT.	RESULT.
1	F.	13	Spring.	Right.	Rheumatism.		Arsenic.	Marked improvement.
2	F.	10	Winter.	Right.	Rheumatism.		Arsenic, iron.	Cure.
3	F.	10	Spring.	Right.		Father intemperate.	Cimicifuga.	Cure.
4	F.	20	Spring.	Right.	Fright.	Father intemperate.	Gentian, valerian, arsenic, iron.	Cure.
5	F	9	Spring.	General.		Cousin epileptic.		
6	F.	13	Spring.	General.	Rheumatism.		Cimicifuga.	Improved.
7	M.	11	Summer.	Left.		Mother melancholy.	Bromide of potassium.	Marked improvement.
8	F.	16	Spring.	General.	Hard work.	Father phthisical. Sister had chorea.	Bromide of potassium and chloral.	Cure.
9	F.	8	Summer.	General.	Fright.	Father insane.	Bromide of potassium, chloral, zinc, arsenic, iron.	No improvement.
10	F.	16	Winter.	Left.	Hard study.		Arsenic, iron.	Cure.
11	F.	15	Spring.	Larynx.	Rheumatism.		Arsenic.	No improvement.
12	F.	8	Winter.	Hands.	Fright.	Mother phthisical. Father intemperate. Upper incisors notched.	Arsenic, iron.	Improved.
13	M.	8	Winter.	Left.		Father intemperate. Upper incisors notched.	Arsenic, iron.	Cure.
14	F.	11	Spring.	Both sides, but chiefly left.		Father melancholy. Aunt and brother had chorea.	Arsenic, iron.	Cure.
15	F.	8	Spring.	Right, afterwards general.	Fright.	Upper incisors notched.	Arsenic	Improved.
16	F.	21	Spring.	Arms and head.	Fright.	Father intemperate.	Gentian, valerian, arsenic, iron.	Cure.
17	M.	9	Spring.	Right.	Fright.	Father intemperate. Upper incisors notched.	Arsenic.	Improved.
18	M.	7	Spring.	Eyes.		Upper incisors notched.		
19	M.	6	Summer.	Both sides, but chiefly right.		Upper incisors notched.	Arsenic.	Improved.
20	F.	8	Winter.	Left.			Arsenic, iron.	Marked improvement.
21	F.	7	Winter.	General.	Rheumatism.		Cimicifuga, iron.	Cure.
22	M.	4	Spring.	Right.	Tinea capitis.	Father phthisical.		
23	F.	7	Spring.		Rheumatism.		Arsenic.	Improvement.
24	M.	13	Spring.	General.	Rheumatism.		Cimicifuga.	No improvement.
25	F.	7	Spring.				Cimicifuga, iron.	Cure.
26	F.	15	Spring.	Right.	Establishment of menstruation.		Arsenic, iron.	Cure.
27	M.	14	Autumn.	Arms and head.			Arsenic	Marked improvement.
28	F.	12	Autumn.	General.	Fright.	Father intemperate.		
29	F.	15	Spring.	Right.	Rheumatism.			
30	F.	13	Spring.	General.	Hard study.		Arsenic, iron.	Cure.
31	F.	12	Spring.	Left.		Three other children had convulsions.	Arsenic, iron.	Improved.
32	F.	6	Spring.	Left.	Blow on head.		Arsenic, iron.	Cure.
33	F.	9	Spring.	General.		Paternal uncle had chorea.	Cimicifuga, cinchona, iron.	Improved.
34	F.	6	Autumn.	Left.	Rheumatism.	Upper incisors notched.		Cure.
35	F.	10	Autumn.	Left; chiefly left hand.	Rheumatism.		Arsenic, iron.	Cure.
36	F.	15	Autumn.	Right; chiefly right ear.	Establishment of menstruation.	Father phthisical. Aunt hysterical. Sister insane.	Arsenic, iron.	Marked improvement.
37	F.	13	Winter.	Right; chiefly right hand.	Rheumatism.	Mother nervous; has lost seven children under two years old.		
38	F.	9	Winter.	General.	Rheumatism.	Mother melancholy.	Bromide of potassium, iron.	Cure.
39	M.	17	Winter.	Right.		Sister had chorea.		
40	F.	17	Spring.	General.	Fright.	Father phthisical.	Bromide of potassium.	Cure.

Recapitulation.

Sex.—Males, 9 cases; females, 31.

Age.—Ten years and under, 20; from ten to twenty-one, 20.

Season.—Spring, 23; summer, 3; autumn, 5; winter, 9.

Variety.—General, 11; right, 12; chiefly right, 1; left, 8; chiefly left, 1; arms and head, 2; local (larynx, 1; hands, 1; eyes, 1), 3; not recorded, 2.

Apparent cause.—Rheumatism, 12; fright, 8; hard work, 1; hard study, 2; tinea capitis, 1; establishment of menstruation, 2; blow on head, 1; no cause discovered, 13.

Hereditary influence.—Males 7, females 17; total 24. I have not confined myself to a search for nervous diseases in order to determine the fact of hereditary influence, but, as the table shows, have carefully sought for any cachexiæ, diseases, or abuses in the ancestry or collateral relations of the patients. Notching of the upper incisor teeth—the so-called "Hutchinson teeth"—I have regarded as evidence of inherited syphilis.

Results of treatment.—Cures, 17; marked improvement, 5; improved, 8; not improved, 3; result not known, 7.

Remedies successfully employed.—In this recapitulation I include the cases cured and improved, 30 in all. Arsenic, 7; arsenic and iron, 12; arsenic, iron, valerian, and gentian, 2; cimicifuga, 2; cimicifuga and iron, 2; cimicifuga, iron, and cinchona, 1; bromide of potassium, 2; bromide of potassium and chloral, 1; bromide of potassium and iron, 1.

Doubtless some of the cases not reported as cures should be embraced in this list, as patients who get well often fail to return.

Arsenic was usually exhibited in the form of Fowler's solution, commencing with three or four drops thrice daily, and increasing the dose until about ten drops were reached, carefully watching, of course, for symptoms of poisoning. Iron was given as the bitter wine, the tincture of the chloride, or the syrup of the iodide, sometimes in separate prescriptions, and sometimes in combination with the other remedies employed. Cimicifuga was generally used in the form of the fluid extract, taking care to have a good article, and beginning with

doses of one-half fluidrachm, which were gradually increased, unless toxic effects were produced. The following formula was employed in two cases:

℞ Liq. potass. arsenitis, f℥i;
Tinct. valerianæ,
Tinct. gentianæ comp., āā f℥i.—M.
Sig.—Teaspoonful in water three times daily.

The compound tincture of cinchona was combined with the cimicifuga and iron in one case. Bromide of potassium was ordered in doses of from ten to twenty grains. Bromide of potassium and hydrate of chloral in combination were strikingly serviceable in one instance. The chloral was administered in amounts of five grains.

In four cases in which cimicifuga was first prescribed, it proved unsuccessful, or could not be tolerated by the patients. All of these cases afterwards improved under arsenical treatment. In one instance, cimicifuga in combination succeeded after arsenic and iron had failed.

With zinc, which is strongly recommended by many writers, I have had but little experience. The sulphate was given without success in two of the forty tabulated cases, one of which was afterwards greatly improved by arsenic, while the other did not yield to any treatment adopted.

General faradization and galvanization, as recommended by Benedikt, was temporarily used in three or four cases, without benefit; but I have not yet given electricity a fair trial. I have never tried the purgative plan of treatment. Cold affusion upon the spine was ordered as an adjunct to other treatment in four or five cases; but one cannot depend upon this measure being carried out strictly unless the patients are under constant supervision. Good, nutritious diet was always advised.

In the seventeen cases cured, the average duration of the disease before treatment was between five and six weeks, and under treatment also between five and six weeks, making the average entire duration about eleven weeks. The shortest time required to effect a cure was two weeks; the longest, four months. Two cases were cured each in three weeks.

The following are some points of interest not brought out in the table:

One previous attack had occurred in ten cases; two in one case. In two cases the disease had persisted for two years, and in one for three, with brief intervals of improvement. In twenty-five cases the disorder came on gradually; in fifteen the onset was sudden, so far as could be judged from the statements of patients and their friends and relatives.

Cardiac murmurs were observed in seven cases, five of which were associated with rheumatism.

Establishment of menstruation is given in the table as the apparent exciting cause in two cases. In eleven others the ages of female patients ranged from twelve to seventeen years. In four of these eleven I have noted the fact that the chorea came on shortly after the initiation of the menses, but have recorded rheumatism as the apparent cause, a rheumatic history having been discovered.

In five cases parents reported that the choreic movements continued during sleep.

One of the cases had formerly been a somnambulist.

Headache was noted in eight cases.

Spinal tenderness was found in four cases out of ten examined for this symptom: in two in both the dorsal and lumbar regions, in one in the dorsal, and in one in both the cervical and lumbar.

In four cases partial paralysis was observed and recorded: of the right side, of the right arm, of the right leg, and of the left arm, each in one case. Unfortunately, my notes are not full in regard to paresis and paralysis.

I will briefly detail half a dozen cases which present points of special interest in regard to such matters as hereditary influence, the effects of or resistance to treatment, association with hysteria, and peculiar localized movements.

Case I.—C. K., æt. 16, who had been overworked in a factory, fell under my care May 4, 1871. An attack of general chorea had come on a few days before. The so-called "insanity of the muscles" was as well illustrated in this case as in any which I have ever seen. Her movements were exceedingly violent and grotesque. She could not walk nor stand, and a bed had to be made for her on the floor. At first one leg, then another, and then an arm, would be suddenly hurled into the air; the whole body would be tossed upward; the head moved and twisted in every direction possible; and she grimaced and contorted her countenance frightfully.

This girl's father was a consumptive, and one of her sisters had had a severe attack of chorea.

Under the use of bromide of potassium, gr. x, and hydrate of chloral, gr. v, every three hours, she got well in two weeks, the shortest time in which I have known recovery take place, although the case was one of the worst which has fallen under my notice.

Case II.—K. S., æt. 8, a bright, precocious-looking girl, was first seen by me June 24, 1871. One week before, she had been frightened at school, from which time she was restless and began to twitch. She got rapidly worse, and when I first saw her was suffering from severe general chorea. She could not stand. Her arms and legs and head were in a constant state of motion. Articulation was almost impossible, and deglutition was difficult.

The father of this patient was insane, and had at one time been an inmate of the Philadelphia Hospital for the Insane.

I treated her for nearly four weeks with bromide of potassium and chloral, with sulphate of zinc, and with arsenic and iron, but with no persistent improvement, when she was sent to a hospital. In the neighborhood in which this child lived was a sausage-factory, which, when in active operation, kept the doors and windows, and, in some instances, the buildings around it, in a constant state of pronounced vibratory motion, and thus seemed to aggravate the symptoms of the disorder and interfere with recovery.

Case III.—S. M., æt. 16, was first seen January 28, 1874. She had been going to school and studying hard until recently. Five weeks before coming for treatment, it was noticed that she talked a little "thick." Three weeks later, she began to toss her head, throw her left arm about, and walk in an irregular, stumbling manner, jerking the left leg out from the body. On one occasion she burned her left hand on a stove, because of her inability to govern her motions. She grimaced almost continually; and her mother stated that she was fretful, and laughed or cried for the merest trifles. I could discover no spinal tenderness. The

sclerotic coat had a peculiar bluish tinge. Now and then for several weeks she had experienced a little pain in the arms, probably rheumatic. For a few days, at intervals, she had pain in the foot and in the knee. An endocardial murmur was detected. Her appetite and digestion were good, respiration easy, bowels and water regular. Her menses had been established when she was fifteen, and had appeared regularly. No hereditary taint could be traced. Her father died when she was seven years old, of typhoid fever; her mother was living and well, and she had two brothers and four sisters, all of whom were healthy.

The case was one of pretty well marked left hemichorea, and I at once put her on Fowler's solution, four drops three times daily, which was increased in dose until eight drops were given. I also prescribed tincture of the chloride of iron, ten drops three times daily. Under this treatment the patient improved constantly, and was cured in four weeks.

Case IV.—A. P., æt. 15, whose father and mother were both living and well, came under observation March 11, 1874. She had been a healthy child until she was eight years old, when she had an attack of inflammatory rheumatism. One year later, she was frightened by a fire occurring in the house, became nervous, and had been so ever since. About ten months before applying for treatment, she gave evidences of marked chorea, twitching various muscles, and throwing her limbs about wildly. She got so bad that she could scarcely be held, and was treated by several physicians. Her menses had appeared for the first time within a few weeks. She had not been entirely free of choreic symptoms up to the time of presenting herself; and about three weeks before this period the most striking and peculiar symptom of the case appeared. This was a short, hoarse, barking cough, which had continued day and night without intermission, excepting when the patient was intently reading or was fast asleep. It seemed to correspond to the tussis hysterica or nervous cough of writers, and was, apparently at least, involuntary. No disorder of the lungs could be determined by physical exploration. The patient complained of soreness of the throat; and the fauces and tonsils were found somewhat inflamed, but this condition may have been secondary,—the result of irritation produced by a cough purely nervous.

The patient had been troubled with constipation ever since she was about eight years old. She would often go five or six days without an evacuation of the bowels, and on one occasion had gone as long as thirteen days. She frequently had pains in the abdomen, and examination showed the existence of fæcal accumulations.

She was placed upon Fowler's solution, and a pill of the extracts of belladonna, colocynth, and gentian; and she was also ordered cold affusion to the spine, and a gargle of chlorate of potassium; but she only remained under observation about ten days, during which time I could discover no improvement of any moment in the symptoms.

In this case chorea and hysteria were probably associated, a combination of disorders which my experience would lead me to believe is not uncommon. Large quantities of limpid urine were voided by the patient daily; a secretory derangement which, it is well known, is generally present in hysteria.

Case V.—S. A. W., æt. 11, a school-girl, fell under my care April 1, 1874. Two months before, her mother first noticed at the table that she could not use her left hand properly. She would let things drop. In going around the house, she walked in a strange, irregular manner, throwing her limbs about somewhat wildly. She could not sit still. She had been getting gradually worse. She had choreic twitchings of the fingers and limbs of both sides, but more particularly the left. The left hand and foot showed some loss of power; she dragged the latter a little in walking. Her face was not affected; and she could speak, swallow, and thrust out her tongue properly. She had occasional frontal headaches. Spinal tenderness was found over the sixth and seventh dorsal and first lumbar vertebræ. No history of rheumatism, no heart-murmurs, and no exciting cause could be discovered.

Hereditary influence seemed to be a highly important factor in this case. The father of the patient was a nervous, excitable man, subject to fits of melancholy; a brother had had chorea, as had also the father's sister, when about sixteen years of age.

She was ordered Fowler's solution, beginning with four drops three times daily, and increasing, and also the bitter wine of iron. She was discharged, well, April 25, having been under treatment about three weeks. The arsenical preparation was stopped for two or three days during this time, because of puffiness of the eyelids and pain in the stomach.

Case VI.—M. H., æt. 15, a school-girl, came under observation December 29, 1874. Her father has marked symptoms of phthisis. Her father's sister is hysterical. She has one sister, thirteen years of age, who is insane.

Her menses came on six months before presenting herself for treatment, since which time she has been nervous and delicate. She was quite well before menstruation began. During the last two months she has menstruated every two weeks instead of every four. She presents no history of rheumatism or fright. Her bowels are regular and appetite good. She has occasional headaches. She went to school until three weeks ago, and was a good student. She looks dejected and miserable, and says that she feels melancholy.

Two months ago her right ear began to twitch, or move up and down. Her nostrils and upper lip also soon became affected with twitchings; and within a few days slight choreic movements had extended to the entire right side of the body.

The movement of the ear was quite peculiar; it continued nearly all the time, even when the patient's attention was not directed to the part, according to the statements of her mother. The attollens aurem or superior auricular muscle, whose office is the elevation of the ear, and which, with the other extrinsic muscles of the ear, generally has no active vocation in the human species, although important in some of the lower animals, was energetically brought into play in this case.

The ear was constantly moved up and down, sometimes slowly and sometimes rapidly. The act seemed to be partially under the control of the will. By a strong effort the left ear could also be moved very slightly in the same direction. The mother of the patient did not think that the movement continued during sleep.

The patient was ordered to be kept from school, where the motion of her ear drew the attention of the scholars to her, and thus made her more nervous. Good food, pure air, and pleasant company were also advised. The following prescription was given:

℞ Vini ferri, ʒvi;
Liq. potassii arsenitis,
Syrupi, āā ʒi;
Aquæ, ʒi.—M.

Sig.—Teaspoonful in water after meals; the amount to be gradually increased.

Under this treatment, her general health improved rapidly. All the movements, except those of the right ear, ceased entirely. At the time of making these notes, two months after the girl was first brought for treatment, the motion of the ear still persists, although the

patient seems to be quite well in other respects. For a short time—after she had been under treatment about a month—the ear did not work unless especial attention was called to it; but the local affection, although improved, has not been cured.

A CASE OF RETINAL HEMORRHAGE.

BY SWAN M. BURNETT, M D.,

Knoxville, Tenn.

MR. D. was sent to me on the 20th of June, 1874, by his physician, on account of ocular trouble. He had been in bad health since the summer of 1873, when he had cholera, and, immediately after, what his physicians called typhoid fever. Three days before I saw him, while in the country, still quite weak and feeble, he stooped down to pick up a small bit of wood, and, on rising up, found himself totally blind in both eyes. In the course of a few seconds vision in the right eye returned, but a large scotoma remained in the left, which was the cause of his visit to me. I found central vision entirely lost. The scotoma at the distance of six feet was about one and a half feet horizontally and one foot vertically at its widest part. At first it appeared black to him, but at this time it has a reddish tinge. It is of a pyramidal shape, the base occupying the centre of the visual field, while the apex points outwards and downwards.

An ophthalmoscopic examination revealed an extravasation of blood in the retina, having the shape he gave to the scotoma. The apex of the pyramid lay just below and a little beyond the nasal edge of the optic disk, while the base was about two diameters of the disk distant from the temporal edge. The upper edge of the pyramid lay at the lower edge of the disk. The color of the effusion was dark red; it was non-striated, and its boundaries were not sharply defined, especially the lower one. The retinal vessels seemed to lie under it. At the apex was a large vein which was apparently the origin of the hemorrhage. The fundus was otherwise normal. No treatment was advised.

On the 5th of July I examined the case again. The extravasation was fully one-third smaller, and had contracted about equally in all its dimensions. There was now a space between its upper edge and the edge of the optic disk, and in the space were seen some vessels passing beneath the clot and emerging on the other side. The corners of the pyramid were more rounded, and the edges were more clearly marked. No appearance of striation. Subjectively the scotoma has considerably reduced, and is not so dense, but still has the reddish tinge.

After this the patient went to the country, and I did not see him again for a month. By this time the scotoma had entirely disappeared, leaving a very slight haziness in the place in the visual field it had occupied. He reported that after the last examination it had gradually reduced in size and lessened in density until it reached its present condition.

An ophthalmoscopic examination showed nothing at the former site of the effusion, but a very little turbidity of the retina.

He has had up to this time no return of the extravasation.

Our text-books on ophthalmology say very little about retinal hemorrhage, except as a concomitant of retinal hyperæmia or inflammation. Some, it is true, mention the fact that it may occur in diseases of the heart and kidneys, and in degeneration of the vascular walls, and in menstrual derangement, but none give it any considerable attention. Dr. Bull, of New York, gives in the *American Journal of the Medical Sciences* for April, 1874, the most elaborate article on the subject to be found in our more recent English literature, while Pagenstecher and Mandelstanow in Germany have reported and commented upon a large number of cases occurring in the clinic at Wiesbaden.

Dr. Bull advances the opinion that retinal hemorrhage is to be looked upon often as a precursor of cerebral apoplexy, and cites three instances under his own observation, and some from other sources, where this was the case.

Where the extravasations are numerous and oft-recurring, I have no doubt that cerebral hemorrhage will be likely to follow retinal effusion, for under these circumstances the condition of the vessels and circulation would be such as to render an extravasation liable to occur at any point and at any time; but I do not see why a single effusion, from perhaps a temporary cause, should lead us to look for subsequent cerebral hemorrhage.

His heart was examined by myself and several other physicians, and no evidence of organic disease was discovered. An examination of his urine failed to show evidence of kidney-trouble.

One feature in our case deserves notice. Though the extravasation was in the anterior layers of the retina, as evidenced by the passage of the retinal vessels under it and the non-implication of the percipient retinal elements, it did not have that striated appearance which extravasations in that position are generally represented as having. It will also be observed that the scotoma, except for the first few hours, did not have a perfectly opaque appearance, but was of a reddish tinge. In such cases, it seems to us, the color of the scotoma might have some prognostic importance. In our case the reddish tint of the scotoma showed that the retinal elements behind the extravasation must be intact, because they were affected by the red rays transmitted through the blood-clot; otherwise the scotoma would have been perfectly black.

NOTES OF HOSPITAL PRACTICE.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. D. HAYES AGNEW, M.D.

Reported by L. B. BALDWIN, M.D.

FEMORAL ANEURISM—DIGITAL COMPRESSION—CURE IN THIRTY-FOUR HOURS.

JOSHUA P., colored, married, æt. 36, male, native of Delaware, and a resident of Philadelphia, was admitted to the hospital December 26, 1874. His own statements were to the effect that he had always enjoyed perfect health, and that he had for many years faithfully performed the duties of his position,—that of a coachman. Six weeks previous to admission, while attaching horses to a wagon, he by accident ran against the iron end of the swingle-tree, striking the inner side of the thigh. He experienced severe, agonizing pain at the point injured for about five minutes; there was

no punctured wound or abrasion of the surface, and he asserts positively that there was no swelling. He continued his duties for seven days, when he complained of severe pain on the inside of the knee. Four days later, or ten days from the accident, he discovered the pulsating tumor for which he now asks admission to the hospital.

Upon making a physical examination of the tumor, the first thing that strikes our attention by mere inspection is the heaving, pulsating character which the tumor possesses. On closer inspection, aided by palpation, we find that it is in the line of the femoral artery; that it pulsates forcibly, the dilatation being equal in all directions at every pulsation, which corresponds with the radial pulse; that it ceases to pulsate and diminishes in size when the artery is pressed upon above the tumor; and that, upon auscultation, is heard the almost characteristic aneurismal murmur or bruit. Its position is on the line of the femoral artery of the right leg, seven and a half inches below Poupart's ligament, which places it below Scarpa's triangle, outside the sartorius muscle, and just above the canal in the adductor magnus. It is the size of a goose-egg. There is no unnatural heat or discoloration in the part. It is fusiform in shape, and evidently due to contusion.

He was presented to the class on January 6, 1875, and the subject of aneurisms and the various methods of treating them considered at some length. The preference was given to digital compression, notwithstanding that our aneurism was fusiform, the one above all others acknowledged to be most difficult to cure by this method.

The patient having been prepared since admission by absolute rest in bed, with the leg elevated to an angle of 45°, restricted diet, and a heart-sedative,—tinctura aconiti radicis, gtt. v, t. d.,—digital compression was commenced by gentlemen from the Medical Department of the University on January 6, 1875, at 7.40 P.M., and maintained for thirty-four hours. The first twelve hours the artery was only partially controlled, in order to favor the collateral circulation. He bore it without a murmur until 1 o'clock P.M. on the 7th, when he complained of pain, and was given a hypodermic of morphia, gr. ¼.

At 3.30 P.M., Bellingham's compressor was adjusted below the origin of the profunda, and caused so much pain as to make it necessary to remove it at the end of an hour and fifteen minutes. Thirty-five drops of tincture of opium were given during this period.

Digital compression was recommenced, and at 10.30 P.M., or twenty-six hours and fifty minutes from the time pressure was first applied, the pulsation, almost suddenly, entirely ceased. The pressure was continued, however, for seven hours and ten minutes longer, making thirty-four hours in all. The man's condition remained good throughout; there was no marked depression, he slept at times, took nourishment with relish, and, without exception, all the organs of the body performed their various functions satisfactorily and with ease to the patient.

The temperature of the limb and foot remained almost normal during pressure. He was kept at perfect rest until January 16, 1875, when he was discharged from the hospital cured.

INTERNAL USE OF SEA-WATER.—Dr. E. Lisle (*Bulletin Général de Thérap.*, February 15) lauds sea-water as a most valuable remedy in strumous, dyspeptic, and anæmic cases. He has made use of it in bread prepared with fresh brine, and also in a combination of brine and syrup, and brine, rum, and syrup with some flavoring essence.

TRANSLATIONS.

EXTRA-UTERINE PREGNANCY (Dr. J. Alonzo y Rodriguez: *El Anfiteatro Anatómico Español*, Madrid, Spain, August and September, 1875).—The patient was aged 39 years, of medium size, multipara. In July, 1858, one month after parturition, she had a sudden suppression of the lochia and milk, and became quite ill. There was much pain and tenderness in the right iliac region, which was treated as ovaritis. The symptoms were alleviated; but accessions of pain with constitutional disturbance were frequent in the same region. In August, increase in size was noticed; heat and redness appeared, and palpation was exceedingly painful. Alarming symptoms of an adynamia came on. Fluctuation was noticed in the tumor August 26, and a small quantity of pus was evacuated by puncture.

A few days later, a portion of the skin around the opening became gangrenous, and a mass of hair connected with macerated skin and pieces of a fœtal skull were discharged. A free discharge was maintained, antiseptics were continued, and quinine, with other tonics, freely administered. For a month and a half pus and pieces of the fœtal tissues were discharged, and then the opening partially closed by cicatricial tissue, eighteen centimetres in circumference, situated at the junction of the right iliac and hypogastric regions, but leaving a small fistulous opening from which there was a slight discharge up to 1873; though the patient was the previous four years in excellent health and about the house doing much work. In the latter part of 1873 she became again pregnant, and everything progressed well until the fifth month, when she consulted me for pain in the hypogastrium and sacrum. I found anterior obliquity of the uterus, and ordered an abdominal supporter, which relieved her distress, and she was able to continue her usual avocations. The pregnancy progressed favorably, with very little discomfort, but the last two months she was confined to her bed, owing to the distention and weakness of the ventral walls. At the end of the eighth month the distention of the cicatrix produced sloughing of the skin; but ointments and tonics improved her condition, so that the part soon healed. Soon after this the patient had several attacks of uterine pain simulating labor, which passed away under calmative treatment.

Active labor came on May 21, and a male child, between eight and nine months' development, was expelled, but died four hours later. Immediately after the happy childbirth, the last expulsive pain ruptured the abdominal parietes. The cicatrix was torn through, causing an opening eight centimetres in diameter, through which the greater part of the small intestines had escaped.

I hurriedly replaced them, and had the woman retain them with her hand; shortly afterwards we closed the rent by quilled sutures, passing the needle through all the layers of the abdomen, through the sound skin around the cicatrix, so that the serous surfaces of the peritoneum were brought in contact. A compress, covered with simple cerate, was laid over all, and the holy sacrament administered in view of the dangers of peritonitis, not only from the operation, but also from the exposure and manipulation to which the parts and viscera had been subjected.

The patient's face was pallid, extremities cold, pulse small and feeble. There were slight headache, increased thirst, anorexia, and tendencies to syncope.

She was ordered panada, a drink of barley-water, and a teaspoonful of simple antispasmodic mixture; to keep absolutely quiet upon her back, with the inferior extremities flexed upon the trunk.

At our afternoon visit the skin was of normal temper-

ature, the lochia was flowing scantily, and other symptoms were favorable. Treatment was continued, and belladonna ointment was applied over the abdomen for the after-pains.

The next day all the alarming symptoms of peritonitis had supervened, and thirty-six leeches were applied to the abdomen. The patient went through a long and perilous illness, but was ultimately restored to health.

She has continued well, without any suffering from her previous disaster, up to the present time.

W. H. W.

CONGENITAL ELEPHANTIASIS ARABUM, WITH PLEXIFORM NEUROMA (*Centralblatt*, January 23; from *Arch. für Klin. Chir.*).—The case was that of a man 25 years of age, in whose family the disease was hereditary. At birth the patient had a small tumor on the back, which began to grow from the fifteenth year. At his admission into the hospital this growth sloped down from the neighborhood of the lower dorsal vertebra to the right os ilium, as an upper boundary, and from the ramus of the ischium to a hand-breadth below the trochanter major as a lower boundary, hanging down in a purse-like form to the bend of the knee.

Several partial operations were undertaken for the cure of the tumor, which, however, grew again, and the patient finally died of exhaustion and thrombosis of the middle cerebral artery.

Post-mortem examination showed the anterior branches of the right lumbar plexus filled with or changed into knotty tumors, of which some were observed as far as the spinal canal. Even that part of the sympathetic which was connected with the lumbar plexus was included in these changes. From this point outwards there were cords the size of a crow-quill, with bead-like enlargements which could be followed to the centre of the tumor. Similar appearances were found on the branches of the crural nerve. Section through the tumor showed this growth to be situated between the cutis and the fasciæ, pressing in between the fatty layers, and that these became more and more separated from one another towards the centre of the tumor, finally disappearing.

Fine fissure-like vacuoles or hollows were everywhere observed, which were filled with clear, light, coagulable fluid. Microscopic examination showed an increase in the cells of the adventitia, noticeable in the vessels reaching from the fascia to the adipose layer. These cells were wandering cells, or more frequently embryonal connective-tissue cells, the latter lying more thickly near the convolutions of the sweat-glands. The tumor itself was composed of embryonal connective tissue, which became more compact, retaining always, however, a lamellar wall with small vacuoles or spaces. Injection of these spaces showed that the sebaceous and some sweat-glands were surrounded by sac-like lymphatic sinuses, which emptied into the superficial lymphatic rete of the cutis. The knotty neuroma consisted principally of connective tissue, with more or less numerous medullary nerve-fibres. Near these appeared a decided new growth of non-medullated nerve-fibres, and, finally, in the neuromata, lying near the dura mater itself, ganglionic cells. X.

ULCERS OF THE LEG IN CONNECTION WITH HEART-AFFECTIONS.—Dr. G. Marcano (*Le Progrès Médical*, January 16), having had under observation a number of patients affected with ulcers of the leg, was led to study the etiology of these affections. His observations have brought him to the conclusion that many so-called simple ulcers are caused by troubles of the circulation. Not only varicose veins, but frequently some alteration of the central organ of circulation, may bring about the same effect.

In illustration of this theory, Dr. Marcano brings forward two cases of simple ulcer of the leg, which after remaining under treatment some time succumbed to some heart-trouble.

In the first of these, the ulcer, though originally attributed to a blow, seemed to depend on the condition of the heart for its varying state of progress. While the cardiac affection, under the influence of hospital treatment, was relieved, the ulcer continued to cicatrize rapidly.

A sudden and severe exacerbation of the former was, however, immediately accompanied by cessation of improvement on the part of the ulcer; the granulations of the latter became pale and flabby, the discharge sanious, and an eczematous condition of the surrounding skin supervened. The case resulted fatally, as did the second case which is recorded by Dr. M., in which all the symptoms were identical, but there was no history of the slightest previous injury to the leg.

From his experience in these and many similar cases, Dr. Marcano concludes that: 1, affections of the heart predispose to ulcers of the leg; they may even cause them; 2, these ulcers, which may be called cardiopathic, present a certain degree of frequency; 3, no relation has been noticed between the ulceration and the symptoms noticed in the heart. The cardiac affection, whatever it may be, seems only to play its etiological part by means of the permanent œdema which it produces in the legs, and which is always observed to precede the ulceration. X.

DANGERS OF ABSORPTION OF PHENIC ACID.—The carelessness with which non-professional journals take up certain popular recipes is not always without its dangers, and especially since these often come into the hands of children. For instance, there appeared lately in one of the public prints an article upon the poison of vipers, which recommended that carbolic acid should immediately be introduced within the wound, the acid to be mixed with alcohol *in the proportion of two to one.* Observe the off-hand manner in which a toxic agent is spoken of, as if it were the most inoffensive thing in the world. In order to try the experiment, a cat was selected upon whose skin, denuded of hair alone, a saturated solution of carbolic acid in alcohol, mixed with an equal quantity of water, was rubbed. This produced no effect; but when the same solution was rubbed into a scratch upon the nose two or three times, the animal immediately fell into convulsions, and very shortly succumbed. Prussic acid could not have acted more promptly. The moral of this experiment is obvious. —*L'Abeille Médicale*, No. 3, 1875; from *Revue de Thérap.* X.

ACTION OF CANTHARIDINE.—The *Tribune Médicale*, No. 339, 1875, contains a note on this subject read before the Société de Biologie, of which the following is an abstract. It has long been believed that cantharidic preparations in general, and cantharidine in particular, have a sort of elective attraction for the genito-urinary organs. To prove, however, that cantharidine introduced into the stomach passes into the blood, and that it passes in sufficient quantity to cause grave lesions, eight-tenths of a grain of cantharides was administered to a healthy dog by the stomach. Reiterated vomiting of white, frothy matter expectorated with difficulty and soon becoming sanguinolent, dilatation of the pupil, tendency to immobility, and stupor, resulted. Under these conditions the crural artery of this dog was made to communicate with that of another, and, soon after, dilatation of the pupil was observed in the second animal. Slight dyspnœa was the only other symptom during life; but, after it had been killed, post-mortem examination showed generalized congestion of the lungs, sub-pleural ecchymoses, together with a number of emphysematous

nodules. Large ecchymoses were also observed on the surface and within the ventricles of the heart, as well as localized apoplectic nodules in the liver, injection of the intestinal mucous membrane, congestion of the cortical renal substance, and injections of the vesical mucous membrane, particularly at the neck. X.

DEEP LIPOMA OF THE ARM.—The *Gazette Médicale de Paris*, January 2, 1875, contains an account of this unusual form of lipoma, which presents a certain amount of interest as well from a diagnostic as from a pathological point of view. The tumor was situated under the biceps, and was attached deeply to the periosteum of the humerus. It was removed by a cruciform incision and careful dissection with the knife and fingers.

The difficulty in diagnosis lay in its close resemblance to a cystic tumor or an abscess, but the exploring trocar settled the question before the operation was attempted. X.

THERAPEUTIC NOTES.

UNCHANGEABLE SOLUTION OF QUINIA FOR HYPODERMIC INJECTIONS.—

℞ Sulphate of quinia, 15 grains;
Lactic acid (concentrated), 15 grains;
Water, sufficient to make 60 minims;
Bisulphite of sodium, ½ grain.

When the solution of the quinia is perfect, add the bisulphite of sodium, and transfer to a well-corked phial.—*A. P. Sharp, in Proc. Am. Pharm. Assoc.*, 1874.

IN PROSTATIC GLEET.—

℞ Copaibæ, ♏ii;
Ess. cinnamomi, ♏xx;
Mucilaginis, ♏xv;
Aquæ, ƒʒi.—M.

Sig.—Four times daily.

IN THE COUGH OF CHRONIC PHTHISIS.—

℞ Morphiæ acetat., gr. ii;
Liquor. atropiæ (B. P.), ♏vi = gr. $\frac{1}{20}$ atropia;
Acid. hydrocyanic. dil., ♏xxvi;
Syr. pruni virgin. ad ƒʒiss.—M.

A measured drachm is to be taken, unmixed with water, on going to bed, and once again during the night if necessary.

PRESCRIPTION OF CUBEBS FOR PHARYNGEAL DIPHTHERIA.—

℞ Pulv. cubeb. (fresh), ʒx;
Glycerinæ, ʒxviii;
Mel. despumat., ʒviiss;
Aq. menth., ʒiii ʒi;
Gum. tragacanth., gr. xv;
Tinct. ol. menth. pip., gtt. viii.—M.

Dose for a child, one teaspoonful every hour; the broken doses producing the desired effect without irritating the digestive tract.—*La Tribune Médicale.*

CARMINATIVE MIXTURE FOR YOUNG INFANTS.—

℞ Sodii bicarbonat., gr. iss;
Spirit. ammon. aromat., gtt. ii;
Glycerinæ, gtt. v;
Aq. menth. pip., ƒʒss.—M.

PILLS OF ALOES AND IPECAC.—

℞ Aloes, gr. i;
Ipecacuanhæ, gr. ¼;
Ext. gentianæ, gr. iss.—M.

Ft. pil. no. i. Dose, one to two pills.

TRANSPARENT TURPENTINE LINIMENT.—The following preparation is so composed that, instead of making the half-dissolved cloudy mixture usually seen where oil of turpentine has been mixed with tinctures, it forms a perfectly clear solution:

℞ Ol. terebinth.,
Tinct. aconit. rad.,
Spiritus camphoræ, āā ʒii;
Tinct. iodinii,
Carbon. bisulph., āā ʒi.—M.

This mixture separates very quickly into two layers; but if the following substances are added it becomes perfectly clear:

Soap, transparent glycerin, in fine shavings, ¾ oz.:
Otto of cedar, 1½ oz.
or otto of cajeput, 1 oz.

Either of these may be used, and if the bisulphide of carbon is deodorized, the liniment is not offensive to the smell.

ADMINISTRATION OF CASTOR-OIL.—M. Potain recommends, as the best method of concealing the unpleasant flavor of castor-oil, to squeeze half an orange into a glass, and pour the oil upon it; then, avoiding all disturbance of the liquids, to squeeze the juice from the other half of the orange carefully over it. The oil, thus enclosed between two layers of orange-juice, can be swallowed without the least perception of its flavor.

LINIMENT FOR SCABIES.—Dr. Clemens gives the following formula:

℞ Acid. arsenios., gr. i;
Potassii carb., gr. xv;
Spiritus saponis, ƒʒiii;
Aquæ, ƒʒiii.—M.

The liniment to be rubbed twice daily on the part affected. It does not harm the youngest child.

PILLS OF IODIDE OF POTASSIUM.—

℞ Potassii iodid., ʒiss;
Pulv. althææ, ʒiss;
Syrupi, q. s.—M.

Ft. pil. no. xii.

ANTI-GASTRALGIC PILLS.—

℞ Ext. belladonnæ, gr. vi;
Quiniæ sulph., ʒi.—M.

Ft. in pil. no. xxv.

Sig.—Thrice daily, in the treatment of gastralgia.

PILLS OF ACONITE.—

℞ Ext. aconiti, gr. vii;
Confect. rosæ, q. s.—M.

Ft. in pil. no. xx.

One to two, morning and evening, in the osteocopic pains of syphilis, combined with the usual anti-syphilitic treatment.

METHOD OF ADMINISTERING RAW MEAT.—

Raw meat, scraped, 3 drachms;
Pulverized sugar, 12 drachms;
Claret wine, 6 fluidrachms;
Tincture of canella, ½ drachm.

BROMIDE OF CALCIUM IN THE NOCTURNAL PAINS OF SYPHILIS.—Dr. Galozzi and Prof. Gamberini have employed the bromide of calcium as a sedative in the nocturnal pains of syphilis, with considerable success. The formula employed by them is the following:

℞ Calcis bromid., gr. iv ad ix;
Aquæ destillat., ʒiv;
Sacch. alb., ʒii.

The dose to be increased by 1½ gr. daily.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

PUBLISHED EVERY SATURDAY BY
J. B. LIPPINCOTT & CO.,
715 and 717 Market St., Philadelphia, and 25 Bond St., New York.

SATURDAY, MARCH 27, 1875.

EDITORIAL.

THE UNIVERSITY OF MICHIGAN.

WE have examined the new calendar of the University of Michigan with mingled satisfaction and disappointment. Under the government of the President, James B. Angell, LL.D., the institution has grown and prospered until in the last year it had eleven hundred and ninety-one students, distributed as follows: four hundred and seventy-six in the Department of Science, Literature, and the Arts, three hundred and seventy in the Medical Department, and three hundred and forty-five in the Law Department. As the Medical Department is the only one in which our readers are especially interested, we shall confine our remarks to it. The position which this department holds is, unfortunately, a peculiar one in this country. As it is endowed, its professors are independent of the students, and the fee for its courses is so small as to be practically nothing. An institution of this character must be either a great blessing or a great curse to the community in which it dwells. The grandest conceivable school of medicine is one whose instruction is as free as air, but whose degree is unattainable except as the result of thorough culture in the science and practical training in the art of medicine,—or, in other words, a school which affords opportunities to rich and poor alike, but makes its diploma valuable because difficult of acquirement. On the other hand, a medical institution which offers free instruction and a diploma of easy attainment comes at once into competition with the ordinary medical colleges, forces them to lower their fees, and, what is even more successful in obtaining classes, their standard of graduation, and of necessity enters itself upon the race in which the most debauched institution will win. It attracts the ignorant in that it offers them, without cost in money or labor, entrance to a profession which is at least supposed to be honorable and to afford a good livelihood to its votaries. The annual overflow of such a medical college must be even more deadly than that which issues in the spring-time from the average school of the country.

The regents of the University of Michigan have had placed in their hands an enormous power for good or for evil. With sorrow we are forced to acknowledge that in the past they have failed to appreciate their true mission. Smitten seemingly with the madness for huge classes, they have lost forever the opportunity, which for years lay in their grasp, of making the University of Michigan the most famous medical school of the country. So far from their large classes being a glory to them, they are the badge of their shame and failure. It is not the number of its graduates, but their training and their character, which stamp an institution of learning.

Judging from their published catalogues and the graduates who have come East, their standard of graduation has in the past been as low as that of our Eastern schools, or even lower, and their diploma to-day is certainly of less rather than of more value than that of our institutions. We have no hesitation in affirming that in the past the University of Michigan has been a grave injury to the profession. It is probable that the errors of the regents have largely been those of ignorance; not one of the board is fitted by education to appreciate the needs of the profession, and the low standard of medical education which has so long prevailed in the United States has produced a murrain of blindness which affects many even of the leading medical men of the day.

It is very probable that the author of the calendar did not perceive the grim humor of the statement—"The University of Michigan has aimed to elevate the standard of medical attainments, as will appear by consulting the requirements for medical degrees." That it has been a very poor marksman we propose to show by consulting the "requirements for the medical" and other "degrees" as contained in the pamphlet before us.

No profession on earth requires for the proper fulfilment of its duties wider or more thorough culture than does that which we serve. Almost

all the sciences underlie it, and almost all the arts bear tribute to it. A fair knowledge of chemistry, physics, anatomy, physiology, and some acquaintance with the natural sciences, are absolute necessities to him who would master the secrets of clinical medicine and surgery, and beyond these is a vast mass of science- and art-knowledge in regard to the natural history of diseases, their production, pathology, cause, and treatment.

We repeat, no human pursuit calls for a greater culture, as none lays a greater responsibility upon its votary, than does ours. Engineering certainly requires no more, and the necessities of the pharmaceutist in the way of knowledge are a mere bagatelle to those of the physician. How, then, does the course of instruction prescribed for these professions compare with that ordered for the medical student? In making these comparisons, we want first to dispel a delusion, which every one knows to be such, but which is constantly put forward to cover the absolute nakedness of our system of medical teaching.

We are told everywhere that three years of study with a preceptor is a necessity for graduation in the medical school. It is the year and a half of study in the country, which is supposed to precede the study at the college, that constitutes the delusion of which we speak. The professors in our colleges must know that in the great majority of cases this previous study has no real existence, or has amounted to nothing, so that the men come to the city perfectly ignorant of the most elementary principles of our science. The three years is a mere blind for decency's sake.

What faculty would dare to examine these applicants in the rudiments of medical science, even so far as to test their knowing a femur from the humerus? The period of study commences, in nine cases out of ten, when the candidate joins the college. On this basis let us then compare the requisites for graduating in engineering, in pharmacy, and in medicine, in this university whose aim is "to elevate the standard of medical attainments."

In civil or mining engineering the candidate for admission is examined in the English and French languages, geography, history, mathematics, natural philosophy, botany, zoology, geology, and geometrical drawing. In medicine, if the candidate cannot exhibit "a certificate of graduation from a respectable high school, academy, or college, he shall be examined in the *elementary* branches of an English education." In engineering, after having passed his examination, the student is required to study *four years*. In medicine he must attend *two* full courses of lectures of *six months* each. "Very fine," some one will say; "but, then, civil engineers deal with questions involving property, doctors with questions involving nothing more valuable than life; and, as people will pay much more cheerfully when their property is concerned, civil engineers can afford to educate themselves, and ought to be fitted for their business." True; but then the University of Michigan aims "to advance medical attainments."

Pharmacy, however, is *not* a more lucrative pursuit than medicine, and, as already stated, is greatly below it in the amount of its underlying science and art. In the Department of Pharmacy in the University of Michigan, the student who desires to enter is examined more widely than in the Department of Medicine, and, after entrance, studies two *full years* instead of two *six months!*

We do not want to be misunderstood in regard to the animus of our editorial. We are not attacking the University of Michigan. Its regents have, to our thinking, failed to see the right and do it; but it is not given to every one to be a reformer, and we freely acknowledge that the institution under discussion is equal to, or even better than, the average American college, in that it has instituted at least the shadow of a preliminary examination.

Is it not time, however, for some one to speak in unmistakable tones, when the foremost educators of the nation self-complacently assert before the world, "Our aim has been to elevate the standard of medical attainments," although they require for their medical degree scarcely a sixth of what they do for their degree in engineering, and barely more than half of what they do from the mere druggist? Is it not pitiful to see, in various parts of our country, leaders in our profession so benumbed and blinded by the poison of habit or self-interest that they wonder why it is that power is slipping so from our grasp and that the profession is losing the respect of the people,—why it is that homœopathy and other forms of quackery so grow, and grow, and grow,—when they themselves are nursing the canker-worm that is eating out our vitality and supremacy?

THE past winter has been a very successful one with our medical schools. The Jefferson Medical College, at their recent commencement, conferred the degree of Doctor of Medicine upon one hundred and seventy men. The class of the University was of course much affected by the confusion incident to the hurried removal at the beginning of the session, as is shown by the fact that the graduating class was only one hundred. The Woman's Medical College conferred the degree upon sixteen women.

REVIEWS AND BOOK NOTICES.

ON FUNCTIONAL DERANGEMENTS OF THE LIVER. Being the Croonian Lectures delivered at the Royal College of Physicians, in March, 1874, by CHARLES MURCHISON, M.D., LL.D., F.R.S., Physician and Lecturer on the Principles and Practice of Medicine, St. Thomas's Hospital, etc. 12mo, pp. xvi., 182. New York, William Wood & Company, 1874.

Although recent physiological investigations have shown that the secretion of bile is far from being the only or most important function of the liver, we permit ourselves still to attach undue weight to it, and to forget the essential part the organ plays in the processes of sanguinification and of disintegration of albuminous matter, neither of which can be interfered with without giving rise to functional derangements quite as marked as those produced by conditions affecting the secretion of bile. Thus, urea and various other nitrogenous bodies are formed under normal circumstances in the liver to be afterwards excreted by the kidneys, but if from any cause this function is arrested, or if the amount of albuminous matter conveyed to the liver is so large that its powers are overtaxed, a less highly oxidized product than urea is the result, and hence the appearance of large quantities of uric acid in the urine. The circulation of this body in the blood gives rise to a variety of symptoms which Dr. Murchison groups together under the name of lithæmia, and which are traceable to the perturbing effects it exercises upon the various systems of organs.

When speaking of the treatment of these functional derangements, Dr. Murchison takes occasion to recommend the use of mercury. While fully endorsing the opinion that mercury does not stimulate the secretion of bile, he is nevertheless convinced that there are good grounds for believing that it exerts a beneficial action in these conditions. Part of this is attributable to the purgative properties it possesses, by which the discharge of bile from the bowels is increased, but in addition to this the author believes that it acts by promoting or in some way influencing the disintegration of albumen. Explain it as we may, there is unquestionably a condition recognized by most practical physicians, in which greater benefit will be derived from the use of occasional or repeated doses of mercurials than from that of any other remedy. There is still, it is true, some difference of opinion on this point, but, as the author remarks, the skepticism of the most doubting physician would be removed should he unfortunately find it necessary to test the truth of this statement in his own person. His testimony is the more valuable from the fact that he was taught to regard mercury as a remedy worse than useless, not only in hepatic disease, but also in syphilis. His convictions have, therefore, been forced upon him by experience, and are in no degree the result of preconceived opinions.

These lectures originally appeared in *The Lancet* and in the *British Medical Journal;* but, being the production of one who is an authority on the subject of which they treat, and being well and agreeably written, we think the publishers have done well in reproducing them in their present attractive form.

J. H. H.

SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN. By R. W. TAYLOR, M.D., Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases, Physician to Charity Hospital, New York. 8vo, pp. 179. New York, William Wood & Company.

We have to thank the author for calling the attention of the profession to a subject which up to the present time has received little or no consideration. Dr. Taylor is the first writer who has ventured to give a complete essay in this department of syphilis, and after a careful reading of the volume we have no hesitation in saying that the work has been well and conscientiously done, the result being one of the most studied and elaborate monographs that we know of. The subject is not an extensive one, but yet possesses many points of interest, all of which Dr. Taylor has succeeded in bringing forward in an attractive manner.

The subject-matter is divided into sections, with appropriate headings; the author's experience, together with that of others which he has collected, the symptoms of the disease, the pathological anatomy, diagnosis, treatment, and other questions, all receiving extended consideration. The work is founded chiefly upon a clinical study of twelve cases, which the author has been so fortunate to meet with in his practice, the details of which are related at length, and make a very valuable feature of the book. They are remarkably well reported, and show a laudable desire on the part of the writer to present their peculiarities in every aspect. A very full description of the lesions themselves, as they occur upon one bone or another, and their relations to diaphysis and epiphysis, is entered into, constituting an important part of the subject. The question as to whether osseous syphilitic lesions follow acquired as well as inherited syphilis is answered in the affirmative, and appears to be proven by two illustrative cases. The pathology is well worked out, and is accompanied by a handsomely executed drawing, showing the condition of the bone as it was found in one of the cases.

Perhaps the most useful section to the practitioner is that which treats of the relation of rickets to syphilis. The author supports the view that there is no connection between these two diseases.

The diagnosis of the osseous swellings of syphilis from those of rachitis, a matter of vast importance, is given exhaustively, and is one of the most valuable chapters upon this topic in all literature.

Regarding the book as a whole, it must be considered as a work of decided value, there being in fact no other thorough exposition of this subject extant. It contains much that is new, and is the production of one who has manifestly given much time and study to research, and whose experience enables him to speak with authority. The publisher has clothed the work very elegantly, the type and paper being exceptionally handsome.

L. A. D.

DENTAL PATHOLOGY AND SURGERY. By S. JAMES A. SALTER, M.B., F.R.S. New York, William Wood & Co.

This book, which was originally published by Longmans, Green & Co., of London, contains nearly four hundred pages, written in a pleasant and comprehensive style, doing credit to the author, who has had a good education in general medicine as well as an extended experience in the specialty of which he treats. Dr. Salter, having had these enlarged opportunities, fully appreciates the extent of some of the maladies directly dependent upon tooth-disease, and how largely the pathology of the teeth is associated with serious morbid changes in contiguous structures. Many of the chapters composing this work have been previously published essays, appearing from time to time in the transactions of societies and in hospital reports, and from this publicity have naturally been winnowed of the extraneous and unimportant matter that is frequently found in original papers.

On the general anatomy of the teeth, including their vascularity and sensibility, the author dissents entirely from the views so generally entertained of the nerves

permeating the dentinal tubuli. He says, "The mode in which the hard tissues of the teeth are supplied with nerves is still an enigma, but that there is some supply is certain on physiological grounds. It does not necessarily follow, however, that the nervous connection between the pulp and the dentine should be by direct radiation in the same course as the tooth-tube structure; it may be diffuse and circuitous, and thus an outlying mass of dentine may still maintain a sentient connection with the pulp, . . . the periosteum sharing in this function, as it does in the nutrition and general vitality of the teeth."

In speaking of the functions of the teeth, a diagram is presented, intended to illustrate, by section, the relation of the tongue to the teeth and palate in the production of the numerous sounds; this, with the description accompanying it, though a novel feature in a treatise on dental pathology and surgery, is of interest and not inappropriate.

In alluding to the oft-repeated assertions of the development of third sets of teeth, the author very wisely expresses doubt as to the correctness of these stories. Impacted and undeveloped teeth are of such frequent occurrence that, with the ignorance of the masses of the normal number of teeth, and their inability to assert positively the number of teeth which have been erupted, with the additional fact that no instance has been recorded within the last three-quarters of a century, it is prudent at least not to give undue credence to statements respecting the presence of third sets of teeth.

In treating of irregularities in the position of the teeth, their cause and remedy, while the subject is well presented, the author advances nothing new. The causes, as he enumerates them, are "congenital and hereditary; the prolonged retention of temporary teeth, accidental mechanical influences, disproportion of the size of the teeth and jaws, faulty development of the jaw-bones." For an original investigator to state that these superficial causes produce certain results will not satisfy his many readers. Should he not look beyond, and discern, if possible, some vital condition as a primary cause? These troublesome and unsightly results are of too frequent occurrence and too invariably accompanied by other characteristics to be passed over so lightly. It is a well-authenticated fact that large jaws with teeth standing alone and wide spaces between them belong usually to a low congenital mental development,—a marked reversion to an inferior order of creation; while a contracted jaw, teeth crowded and irregular in position, are accompanied by a good mental development, and not unfrequently a peculiar tendency or predisposition to what are termed nervous diseases.

The chapters on the congenital defects of tooth-structure and form, and on the cause of dental caries, show the result of much thought and experience, but the student cannot finish the perusal of the one on the cause of caries without a feeling of disappointment that one so competent should quote from Leber and Rottenstein's investigations respecting the leptothrix without either accepting or rejecting their theories,—theories which have been widely promulgated and accepted by some as a correct explanation of the cause of caries, but which doubtless involve debatable ground that will be warmly contested before they can rest undisturbed, the large majority of investigators to-day accepting the presence of the "leptothrix buccalis" in the cavity of decay as one of the results of a condition rather than a primary cause.

The result of Dr. Salter's researches upon the growths on the fangs of the teeth, which he terms odontomes, is probably the most thorough and satisfactory that has ever been published on this subject, and the pathologist and physician, who have often been baffled in their efforts to discern the cause of a case of intense and protracted neuralgia, will find this chapter especially instructive.

For the ably-written chapter on "Secondary Dentine," with the subdivision of the subject into "Dentine of Repair," "Dentine Excrescence," and "Osteo-Dentine," every dental student will thank him. The development of the first of these (dentine of repair), being so thoroughly a remedial effort of nature, and occurring without occasioning nervous disturbance, is wisely designated from the others.

"The painful eruption of the wisdom-teeth," "alveolar abscess," "abscess of the antrum," and "nervous affections from tooth-disease," are all treated in a clear and concise manner. The practical information given in the ably-written and not too long article on nervous affections arising from abnormal conditions of the teeth, forcibly suggests that a more liberal education for the dental student must ere long be demanded, while to extend the studies of the student in general medicine so that he may have a better appreciation of the cause of a not unfrequent trouble with which he has to deal would certainly be a desideratum. Following these is a full and interesting account of the "phosphorus disease," in which many well-authenticated cases, with their treatment, are narrated.

The other chapters not here specified will all well repay a careful perusal. The book is well printed, the subjects nicely arranged, and finely illustrated with one hundred and thirty-three well-executed wood engravings.

To the student in the special department of dental surgery it is invaluable. To the student of general medicine it supplies an unfortunate deficiency in the curriculum of his studies.

C. N. PEIRCE.

ON THE TREATMENT OF PLEURISY; WITH AN APPENDIX OF CASES SHOWING THE VALUE OF COMBINATIONS OF CROTON OIL, ETHER, AND IODINE AS COUNTER-IRRITANTS IN OTHER DISEASES. By JOHN W. CORSON, M.D., Physician to the Orange Memorial Hospital, etc., etc. New York, Wm. Wood & Co., 1874. Pp. 31. Price, 50 cents.

This very thin volume, scarcely thicker than the silver coin for which it is offered as an equivalent, sets forth the results of observations upon more than five hundred cases of pleurisy, made during a service of several years as physician to the class of "Diseases of the Chest and Throat" in the New York and Eastern Dispensaries. The fatal cases only amounted to one-half of one per cent. The treatment consisted of anodyne diaphoretics, with mustard- and bran-poultices in the early stages, and in the later, of iodide of potassium with tonics, and a "croton-oil paint," composed of "olei croton tiglii, ʒj; ether. sulphur. fort., ʒij; tinct. iodin., ʒv," which (together with a stronger form) is highly and, we incline to believe, deservedly praised.

J. G. R.

ON WINTER COUGH, CATARRH, BRONCHITIS, EMPHYSEMA, ASTHMA. By HORACE DOBELL, M.D. Third Edition. Philadelphia, Lindsay & Blakiston, 1875.

This book, which was evidently printed in England, although nominally published in this country, is well known to all specialists, and should be known by all practitioners, although we confess to a little disposition to revise the old maxim so as to read *parvum in multo*. The manner of treatment certainly is exhaustive, but this very fulness gives it an advantage, so that we commend it heartily to those of our readers who are not already familiar with it. The present differs from the second edition chiefly by the addition of two new chapters, and a "complete index prepared by the best index-maker in London."

SELECTIONS.

SHAMPOOING.—Another example of the tendency that prevails to return to primitive measures in the treatment of disease, whether spontaneous or brought on by accident or injury, was lately noticed in Professor Broca's Ward at the "Hôpital des Cliniques." The case was that of a sprained ankle, in which M. Broca employed shampooing, or, as the French term it, "massage," with the best results. He does not believe in the efficacy of absolute rest in sprains, and attaches greater importance to shampooing than is generally accorded to it by surgeons.

"Primary shampooing," he stated, consisted of pressing or kneading the swollen tissues with the fingers; then of alternately flexing and extending the joints affected. By this pressure and forced motion, the extravasated liquids are dispersed into the subjacent cellular tissue. After the first shampooing, the pain and swelling return, but on the second day, when the operation is repeated, its effects last much longer, the pain is diminished, and after a few days, during which the operation is regularly practised, the pain and œdema disappear completely. "Secondary shampooing" is applicable to cases that had not been treated or imperfectly so in the first instance, and in which the pain, swelling, and inability to move have persisted. In such a case he would begin with gentle frictions, which are to be gradually increased, and to be applied to the most painful parts.

The counter-indication against this mode of treatment consists of acute inflammation of the parts; as in such a case the operation of shampooing would not only be intolerable, but would increase the inflammation. In all cases of sprain the utmost care and attention should be paid, with the view of forming a diagnosis, as it would be unpardonable in any surgeon shampooing a fractured limb, a practice not infrequent among quacks and bone-setters. In case of doubt, better treat the patient upon ordinary principles than to resort to the cruel and unscientific method of shampooing under such circumstances. M. Broca then described the process of the operation. After each sitting he applies a roller steeped in Goulard or some other resolvent lotion, and enjoins rest, absolute or otherwise, according to the nature of the case.—*Irish Hospital Gazette.*

GLEANINGS FROM OUR EXCHANGES.

"THE LEAST SACRIFICE OF PARTS" AS A LEADING PRINCIPLE OF SURGICAL PRACTICE (*The Lancet*, January 23 and 30).—Mr. Thomas Bryant lays down the following propositions:

(1) That in cases of disease or accident no more of the body is to be taken away than the necessities of the case demand.

(2) That to carry out this principle the surgeon may, in *pathological amputations*, fearlessly divide tissues infiltrated with organized inflammatory products, and even cut through the walls of suppurating cavities, or through diseased joints.

(3) That in *accidental surgery* parts irreparably injured are alone to be removed, and no healthy tissues are to be sacrificed in order to perform a recognized and probably a named operation. That to these ends the surgeon ought to utilize even doubtfully viable integument, or even leave a stump to granulate, when by so doing some portions of the shaft of a bone can be left, a joint saved, or amputation above a joint avoided.

He says that observation has taught him that amputations and excisions of joints are often performed for local disease in cases from which the local disease could otherwise be removed, with far less risk to life, with an equal probability of securing a good result, and with the preservation of a limb or joint.

Ten cases are given of neurosis and disease of the bones of the foot and the ankle-joint, illustrating the success which has attended the carrying out of the principle of removing only those parts which are actually diseased, taking away dead bone but leaving all other bone alone, and not sacrificing any bone or joint of the foot for no other reason than that a particular operation should be performed.

Fourteen other cases are detailed of disease and abscess of the knee, ankle, elbow, and shoulder joints, showing that free incision into joints, and the removal of necrosed bone therefrom, are excellent and successful operations.

Both of these measures are less severe than resection in the bulk of cases, and far less severe than amputation, and in a number of instances are also more successful.

A free cut into a suppurating or disorganized joint, whether associated or not with bone-disease, is rarely followed by any other than a good result. When the suppurating process is due to synovial disease, a recovery without further surgical interference may be looked for. When due to local necrosis, the incision helps nature towards the recovery of the cases by expediting the process of exfoliation, and the subsequent removal of the bone by either natural processes or some surgical proceeding. And in still more severe cases the incision gives relief, and in no way tends towards inducing any increase in the mischief.

JABORANDI (*The Lancet*, January 30, 1875).—Dr. Sydney Ringer has recently made thirty-seven careful observations on the action of this drug,—twenty on adults and seventeen on children. In many cases the latter were scarcely at all affected, the pulse was but slightly increased in frequency, there was very little sweating or salivation, and all the symptoms were strikingly slight when compared with the marked effects of jaborandi on adults. In the twenty observations made on eighteen adults, the perspiration in every case but two was most profuse, and in those exceptional instances it was free. It began in about ten minutes. In all the cases but one, the pulse was quickened from twelve to forty beats, the average being twenty beats per minute; the average increased frequency lasting two hours and a half. The temperature fell during the sweating from .4° to 1.4°, the average being .9°. In no instance were the bowels relaxed; in two-thirds of the cases there was nausea, in one-half sleepiness. These observations prove a marked antagonism between jaborandi and belladonna. Belladonna checks the secretion from the skin, the salivary glands, the mucous membrane of the nose, bronchial tubes, stomach, and intestines, and dilates the pupil and contracts the arterioles: jaborandi, on the other hand, increases enormously the perspiration and saliva, and, in a much less degree, the secretion from the mucous membrane of the nose, the bronchial tubes, and the stomach and intestines. Robin asserts, moreover, that it lowers arterial tension, probably by paralyzing the vaso-motor nerves, and thus causing dilatation of the arterioles. Belladonna excites delirium, whilst jaborandi often produces sleep.

Atropia almost immediately checks the profuse perspiration and salivation caused by jaborandi. Belladonna arrests the secretion of milk, jaborandi decidedly increases it.

These drugs both flush the face and quicken the pulse, but belladonna does so by its paralyzing influence

on the pneumogastric, and, possibly, by stimulating the sympathetic nerves. Jaborandi probably quickens the pulse by dilating the arterioles (belladonna contracts them) and lessening arterial tension, thereby allowing the blood to pass more quickly from the arteries into the veins. Jaborandi locally applied to the eye causes (1) contraction of the pupil; (2) tension of the accommodative apparatus of the eye, with approximation of the nearest and farthest points of distinct vision; (3) amblyopic impairment of vision from diminished sensibility of the retina. These effects, however, do not last long.

THE COOLING PACK (*The Lancet*, January 9, 1875).—Dr. William B. Hunter reports the case of a child, æt. 3 years, in whom severe convulsions occurred during the course of an attack of varicella and threatened life. The following treatment was adopted, the axillary temperature being 104° and the pulse rapid. The patient was laid naked on a dry blanket, a towel slightly wrung out of ice-cold water having first been placed beneath him lengthwise. Another cold wet towel was placed over him, and the ends of the blanket were thrown loosely over all. The head was also kept thoroughly wet with cold water.

On feeling the feet and legs, they were found to be cooling rapidly, and already were almost cold; and as their relation to the head in the balance of the circulation, disturbed so much in the direction of the latter, was considered of the first importance, a cloth soaked in a decoction of mustard and hot water was wrapped round them as far as the knees. In about five minutes the towels were replaced by fresh ones from the ice-cold water, and a sponge from the same was gently squeezed over the head-bandage; and this proceeding was kept up, at similar intervals, for about half an hour, the towel to the front being changed twice for every single change of that to the back. At the end of that time the acute symptoms had considerably abated; rigidity had relaxed; quietness had succeeded restlessness; the pupils became more sensitive, and the eyes followed the light; speech, with some degree of intelligence, returned; and the flushed countenance became more natural in its hue. After changing the cloths as they grew warm, for about two hours, the little patient went to sleep in the pack, and the following morning was well enough to be up and dressed. Dr. Hunter particularly recommends this method of reducing the temperature, on account of the facility of its application and the ease with which unpleasant consequences may be averted. Should the least indication of an impending chill present itself through the cooling process being carried too far, the remedy is immediately at hand, in the shape of a few blankets thrown over the patient as he lies in the towels, and tucked closely around the trunk, extremities, neck, and feet, when the temperature would be found speedily to rise again, and the return of the febrile state at the same time effectually prevented by the profuse perspiration which now pours from the soothed and softened skin. The cooling envelope is now converted into a steaming poultice, and soothes by means of a moist warmth, where before it did so by means of continuous cold. By meeting either extreme with its opposite, the mean is ultimately obtained.

GLEETS.—*The Lancet* of February 13 contains a very interesting and practical clinical lecture upon this subject, by Mr. Berkeley Hill. After speaking of the symptoms of gleet, Mr. Hill goes on to say that, owing to the variety of affections causing it, and the fact that the treatment useful for one is very often of little avail for another, time is saved by ascertaining in the first instance the precise nature of the disease giving rise to the discharge. The most common cause is probably chronic inflammation at one or more small patches in the urethra, left after acute gonorrhœa has subsided. Less frequently the cause may lie in a relaxed and often irritable condition of the mucous membrane at the prostatic part, and even tenderness of the prostate itself. The latter is known (through quacks) to the public as spermatorrhœa. In order to ascertain the seat of the inflammatory patches, Mr. Hill uses an olivary bougie, graduated upon the stem: the increased tenderness at the points of disease marks their locality. When there is more inflammatory congestion than induration, indicated by acute pain with slight resistance to the bougie, and a white, tolerably thick discharge, Mr. Hill uses an injection of two or three minims of a solution of nitrate of silver (ten to twenty grains to the ounce of water), applied to the diseased patch or patches. This causes increase of the discharge for a few days, and, after keeping the patient quiet for that length of time, weak astringent injections are used for four days, and then the strong application again made. If at the end of a week or so there should be any induration, sounds from No. 10 to 12 and 13 are used, and recovery should be complete within three or four weeks. In more obstinate cases soluble and medicated bougies are used, and the urethrotome recommended in case of stricture. *Prostatic gleet* may be brought about either by extension of gonorrhœal inflammation along the urethra, or by congestion and irritation of a sympathetic kind of the prostatic body. Mr. Hill speaks very earnestly in favor of a regimen rather than medication alone in these last cases, but at the same time advises various internal and local measures as appropriate,—injections, the passage of sounds, etc.

THE INFANTILE UTERUS.—Under this title Dr. W. C. Grigg (*Obstet. Jour. of Great Britain and Ireland*, February, 1875) treats of a peculiar condition of the uterus, not infrequently the cause of sterility. He speaks of three forms, two congenital, of which one is and one is not curable, and a third superinduced as a sequence of parturition at an early age, the latter sometimes known as super-involution of the uterus. Each of these forms is briefly described by Dr. G., as well as the various modes of treatment likely to prove available. The article closes by advising a careful diagnosis, as the prognosis differs greatly in the different varieties.

THE TREATMENT OF PUERPERAL FEVER.—*The Lancet* of January 20 states editorially that in the treatment of puerperal fever we must aim chiefly at preserving or restoring the purity of the blood, by fresh air, by copious disinfecting washings of the vagina or even of the uterus,—as with weak solution of Condy's fluid; at maintaining strength by nourishing and yet convenient food and stimulants; at relieving local pain by occasional opiates, and by warm poultices, which are invaluable. In nearly all cases it will be found that there is some local inflammation of a low asthenic order, like that of erysipelas, to be met, not by old-fashioned antiphlogistics, but, like erysipelas itself, with tincture of iron associated with quinine. The former may be given in a mixture with spirit of chloroform, while the latter is given in a pill, in doses of two grains every four or six hours. The opium may be very conveniently given in the same pill with the quinine, say in quarter- or half-grain doses, or even more. It seems not only to relieve pain, but to act curatively on local inflammation. Purgatives often give rise to much irritation and disturbance, and in grave cases of blood-poisoning we are only too apt to get diarrhœa. In general, it is better to invite the bowels, if sluggish, to act by an enema than to irritate them by a purgative. In no cases is the thermometer more valuable as a guide to the condition of the patient, or to the action of remedies, than in the various cases of puerperal fever.

INTRA-PERITONEAL HÆMATOCELE CURED BY FREE INCISION AND DRAINAGE (*Boston Medical and Surgical Journal*, March 4).—Dr. John Hemans was consulted by a woman 38 years of age for a tumor six or seven inches in diameter, in the left hypogastric region, roundish, not tender, movable, quite elastic, but not distinctly fluctuating, and descending into the pelvis. Uterus normal; could be moved to the right, but not to the left. Seven weeks previously, while at stool, she had been suddenly attacked by a severe pain in the left hypochondriac and iliac regions, followed by chills. The next day she noticed a tumor the size of an egg, and very tender, in this region. Vomiting and chills at intervals up to date of consultation. After etherization, the needle of an aspirator was introduced through the abdominal wall, and about seven ounces of dark reddish fluid withdrawn. The tumor was decided to be of the same nature as that of a retro-uterine hæmatocele. Suppuration in the sac followed. Three days later, the tumor had increased in size, and was very hard. There was pain, and increase of temperature and pulse. Etherized again, and tapped with a common trocar through the vagina; about two pints of dark-brown, bloody, offensive fluid escaped. In a few days the tumor had again enlarged. The same operation was once more performed, the opening enlarged with a knife, a large elastic tube introduced, and drainage established. The sac was washed out daily with warm water. The tube was removed in four days; the discharge gradually became healthy, induration disappeared, and at the date of report only a little inoffensive serous fluid was secreted. No subsequent trouble was experienced.

THE COLD-WATER COIL IN INFLAMMATION OF THE EXTERNAL MALE GENITAL APPARATUS, AND AS AN ANTIPHLOGISTIC AFTER OPERATIONS ON THE PENIS.—Dr. F. N. Otis communicates to the *Medical Record* an account of an apparatus which he names the cold-water coil. It is composed essentially of a piece of rubber tubing one-sixteenth of an inch calibre, and six or seven yards in length. At the middle portion this tubing is coiled upon itself, so that by half a dozen turns or more it presents sufficient capacity to encircle loosely the entire penis or scrotum. By placing one end of this tube in a vessel containing ice-water, elevated above the patient's level, and creating a current through it, the application of cold may be continuously and conveniently made. The coils may be retained in place by a piece of cloth folded back and forth over the coils, and to which they may be stitched. Dr. Otis has found this simple apparatus of essential service in the acute form of gonorrhœa, reducing inflammation and preventing erections. It has also proved useful after the operation of circumcision and that for stricture.

COPAIBA AS A DIURETIC.—*The Practitioner* for February contains a communication from Dr. E. L. Dixon, giving his experience in the use of copaiba in cases of ascites from cirrhosis, heart-disease complicated by œdema pulmonum, and heart-disease with albuminuria, ascites, and anasarca.

In each of these cases the administration of the drug was followed by large increase in the amount of urine secreted, and rapid amelioration of all symptoms. The copaiba was administered in the form of capsules. In one case ten to twenty minims were thus given every night, in the other two cases fifteen to thirty minims were administered night and morning.

BROMHYDRIC ACID (*The Peninsular Journal of Medicine*, February, 1875).—Dr. D. C. Wade, after having prescribed bromhydric acid more than sixty times and in a great variety of cases, believes that it is a powerful alterative, a grateful refrigerant and sedative, and that it affects the stomach similarly to the other mineral acids, increasing the appetite, aiding digestion, and acting as a general tonic.

MISCELLANY.

AT the late meeting of the Medical Society of London, the lecturer, Dr. C. F. Alexander, on account of the presence of Mrs. Garrett Anderson, was forced to address his audience as "Mr. President, Madam, and Gentlemen."

NOTES AND QUERIES.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA, March 13, 1875.

The following prizes were awarded at the Commencement of the Jefferson Medical College, held 11th of March, 1875.

1. A prize of $100, by H. C. Lea, Esq., for the best Thesis, to Reinard S. Keelor, of Pennsylvania, with honorable mention of the Theses of Harry R. O'Connor, of Pennsylvania, D. Leonard Pratt, of Pennsylvania, J. L. Gaskins, of Florida, and T. Benton Hill, of Pennsylvania.

2. The Toner Medal, by J. M. Toner, M.D., of Washington, D.C., for the best Thesis based on original investigation, to Charles M. Thompson, of England.

3. A prize of $50, by the Professor of Surgery, for the best Report of his Surgical Clinic, to Dixon C. Allen, of New Brunswick.

4. A prize of $50, by the Professor of Obstetrics, for the best paper on the Descriptive and Relative Anatomy of the Gravid Uterus, to Thompson E. Potter, of Missouri, with honorable mention of the papers of Joseph F. Robinson, of Missouri, and A. F. Balmer, of Pennsylvania.

5. A prize of $50, by the Professor of Practice, for the best Report of Clinical Cases, to Daniel M. Appel, of Pennsylvania, with honorable mention of an Essay by Eugene A. Ward, of Missouri.

6. A prize of $50, by the Professor of Anatomy, for the best Anatomical Preparation contributed to the Museum, to Daniel M. Appel, of Pennsylvania.

7. A prize of a Pocket Operating Case, of the value of $25, by the Demonstrator of Anatomy, for the best Dissection in the Anatomical Room, to J. W. Pope, of Pennsylvania.

J. B. BIDDLE, M.D.,
Dean of the Faculty.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MARCH 16, 1875, TO MARCH 22, 1875, INCLUSIVE.

HEAD, J. F., SURGEON.—Relieved from duty in Department of Dakota, to proceed to Boston, Mass., and, on arrival, to report by letter to the Surgeon-General. S. O. 44, A. G. O., March 16, 1875.

HAMMOND, J. F., SURGEON.—When relieved by Surgeon Moore, to proceed to New York City, and, on arrival, to report by letter to the Surgeon-General. S. O. 44, c. s., A. G. O.

MOORE, JNO., SURGEON.—Relieved from duty in New York City, and ordered to report in person to the Commanding General, Department of Texas, for duty as Medical Director. S. O. 44, c. s., A. G. O.

BILL, J. H., SURGEON.—In addition to his duties as member of the Army Medical Board, to perform, temporarily, the duties of Attending Surgeon at Headquarters Military Division of the Atlantic. S. O. 44, c. s., A. G. O.

AZPELL, T. F., ASSISTANT-SURGEON.—Assigned to temporary duty at Fort Columbus, N. Y. H. S. O. 42, c. s., A. G. O.

ROSE, GEORGE S., ASSISTANT-SURGEON.—To report to the Commanding General, Military Division of the Atlantic, for assignment to duty. S. O. 42, c. s., A. G. O.

STYER, CHARLES, ASSISTANT-SURGEON.—Granted leave of absence for one month. S. O. 34, Department of the South, March 16, 1875.

SEMIG, B. G., ASSISTANT-SURGEON.—Relieved from duty in Department, of California, and ordered to Department of Arizona. S. O. 44, c. s. A. G. O.

BEALL, GEORGE T., MEDICAL STOREKEEPER.—Granted leave of absence for fourteen days. S. O. 42, c. s., A. G. O.